

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) PHPH-P01-015	
Application Number 10/591,482		Filed September 1, 2006	
For MUTEIN OF A BONE MORPHOGENETIC PROTEIN AND USE THEREOF			
Art Unit Not Yet Assigned		Examiner Not Yet Assigned	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ _____
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ 225.00
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$ _____
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 18-1945 . I have enclosed a duplicate copy of this sheet.			
08/06/2007 LLANDGRA 00000009 181945 10591482 01 FC:2252 225.00			
<input type="checkbox"/> the	<input type="checkbox"/> applicant/inventor.		
<input type="checkbox"/>	<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> attorney or agent of record. Registration Number 46,778		
<input type="checkbox"/>	<input type="checkbox"/> attorney or agent under 37 CFR 1.34.		
_____ Signature /Registration number if acting under 37 CFR 1.34 _____			
_____ Jennifer K. Holmes, Ph.D., J.D. Typed or printed name		_____ July 31, 2007 Date	
_____ Telephone Number		(617) 951-7933 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/> Total of 1 forms are submitted.			

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS PCT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: July 31, 2007

Signature: _____

(Mary Jane DiPalma)